

<b>MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET</b>							SERIAL NO.	FILING DATE												
							APPLICANT(S)													
CLAIMS																				
	AS FILED		AFTER 1ST AMENDMENT		AFTER 2ND AMENDMENT			IND		DEP		IND		DEP		IND		DEP		
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<b>TOTAL IND.</b>							<b>TOTAL IND.</b>							<b>TOTAL IND.</b>						
<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>							<b>TOTAL DEP.</b>						
<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>							<b>TOTAL CLAIMS</b>						